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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number	Not Yet Known 10/534172
Filing Date	concurrently herewith
First Named Inventor	Dieter Dinkel
Art Unit	
Examiner Name	
Attorney Docket No.	PC 10565 US

SHEET 1 of 1

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
/ML/		US-5,620,311	04/15/1997	Wetzel	
		US-			
		US-			
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ - Number ⁴ - Kind Code ⁵ (if known)				
/ML/		DE 100 45 619 C1 (see English equivalent listed below)	05/29/2002	Robert Bosch GmbH		<input type="checkbox"/>
		GB 2 367 780 A	04/17/2002	Robert Bosch GmbH		
		DE 199 27 658 A1 (see English equivalent listed below)	12/21/2000	Robert Bosch GmbH		<input type="checkbox"/>
		GB 2 351 125 A	12/20/2000	Robert Bosch GmbH		
		DE 100 23 947 A1 (English Abstract attached)	11/22/2001	Robert Bosch GmbH		<input type="checkbox"/>
		DE 199 22 297 A1 (see English equivalent listed below)	11/16/2000	Robert Bosch GmbH		<input type="checkbox"/>
		GB 2 349 922 A	11/15/2000	Robert Bosch GmbH		
		WO 00/03902 (English Abstract included)	01/27/2000	Continental Teves AG & Co. oHG		<input type="checkbox"/>
		WO 02/060734 A1 (English Abstract included)	08/08/2002	Continental Teves AG & Co. oHG		<input type="checkbox"/>

Examiner Signature	/Michael Leslie/	Date Considered	06/21/2007
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

¹Applicant's unique citation designation number (optional).

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